



Registration Form

Please use CAPITAL LETTERS

Last/Family Name	First/Given Name	Middle name	Mother's maiden name
Date of birth (DD/MM/YY) / /		Place of birth	
Gender (please circle one) Male / Female		E-mail*:	
Insurance Provider:	Expiry date:	Work Tel.:	
Insurance Policy No.:	Insurance ID No.:	Mobile Tel.:	
TAJ-Hung. Social Sec. Number:		Communication language (please circle one) ENG / HUN	
Are you....	<input type="checkbox"/> student?	<input type="checkbox"/> missionary?	

Permanent Address

c/o (Name on mailbox/ door/ hotel's name)	Street	Number	Floor/Door
City	Postal Code	Is this your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact

Name	Telephone:
The relationship: <input type="checkbox"/> Guardian <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Colleague	
Where did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Facebook <input type="checkbox"/> Friend	

To Check Your Lab Results

Username (capital letters, no spaces)	Password**
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* FirstMed will never share your Email address or any personal information with a third party.

** Please change your password after logging in for the first time. Access: www.firstmedcenters.com/labs

Please turn over

FirstMed FMC Kft.

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 +36 1 224 9090
 info@firstmedcenters.com
 www.firstmedcenters.com |

Your health
comes first!



Agreement of Services

Thank you for choosing FirstMed-FMC Kft. (hereinafter referred to as: FirstMed) as your outpatient healthcare provider. We are committed to providing you with the highest quality medical care and service. To avoid any misunderstanding, we ask that you read the following payment policy, ask us any questions you may have, and signing the space provided.

Please be informed that FirstMed provides only outpatient medical care services to its patients, within the service areas indicated on the information sheets available at the clinics and on the website. The patients of the clinics therefore shall be in legal relationship with FirstMed only within the framework of outpatient medical care, and FirstMed shall be responsible only for medical services provided by the clinics falling under the scope of outpatient medical care. If the patient requires any treatment beyond the scope of outpatient medical care offered by FirstMed, FirstMed may recommend an institution for inpatient medical care or another institution for outpatient medical care, upon the request of the patient, and the patient can freely resort the services of this institution upon its own decision. This institution for inpatient medical care shall be responsible for the services provided by it. FirstMed shall not be responsible for any medical services provided out of its clinics and not falling within the framework of outpatient medical care. The eventual circumstance that the inpatient medical care institution was recommended by FirstMed or its doctor, or the patient is treated by a doctor in the inpatient medical care institution, who is also in relationship with FirstMed, shall not affect the abovementioned exclusion of the responsibility of FirstMed for the abovementioned inpatient medical care services.

Payment terms: Payment is due at the time of service unless other arrangements have been made with the Clinic. We accept Hungarian Forint or most major credit cards. (Visa, MasterCard, American Express, Maestro, Eurocard).

Insurance: We direct-bill to many international insurance companies. If this is applicable to you then we require a credit card guarantee form to be filled in. Any deductibles and/or co-pays required by the insurance company need to be paid at the time of service. Please contact your insurance company with any questions you may have regarding your coverage. In case you are not able to give us a credit card guarantee, or you have an insurance which is not eligible for the direct billing at FirstMed, we will require payment at time of service.

Claims submission: We will submit claims and assist in any way we reasonably can to help obtain payment for insurance claims. Occasionally, insurance companies may need additional information and/or patient verification of services to pay the claim. It is the patient's responsibility to comply with such request. All balances are the patient's responsibility in the event an insurance company, for any reason, denies a claim. Every existing outstanding balance is due at the time of check-in.

Co-payments and deductibles: All co-payments and deductibles must be paid by the patient or guardian at time of service. This arrangement is part of the contract with an insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.

Missed appointments: Our policy is to charge for missed appointments not cancelled within 24 hours before the scheduled time. These charges will be the patient's, or guardian's, responsibility and will be billed directly. Please help us to serve you better by keeping your regularly scheduled appointments. In case the patient is late more than 10 minutes, we cannot always guarantee the scheduled appointments.

- On behalf of myself and my dependents, I have read the above information and have received the current price list for FirstMed. I understand that payment is due at the time the services are rendered and I have the right to ask questions related to the costs of any test(s) or procedure(s) before being administered.
- I consent to receive periodic email messaging from FirstMed concerning: special offers, contests, newsletter, and public health advisories. My consent may be withdrawn at any time. (OPTIONAL)

By signing this document, I hereby declare that I have read and accept the terms of the Privacy Policy of **Firstmed-FMC Kft.** (seat: 1015 Budapest, Hattyú utca 14., company register: 01-09-958986, referred to as "Data Controller") based on Directive (EU) 2016/679 (GDPR) of the European Parliament and the Council. Having been sufficiently informed on the subject I consent by my own free will and give authorization to the handling and checking of my involved personal data - in compliance with the Privacy Policy – to the Data Controller.

Print Name

Signature

Date

FirstMed FMC Kft.

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✉ info@firstmedcenters.com

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